



# Application for Missouri S&T Bio Sci Credit for High School PLTW Students

Missouri University of Science and Technology  
Office of the Registrar

103 Parker Hall  
300 West 13th Street  
Rolla, MO 65409-0930  
Phone: (573) 341-4181  
Fax: (573) 341-4362  
registrar@mst.edu  
http://registrar.mst.edu/

Students may receive undergraduate credit from the Missouri University of Science and Technology for successfully completing any of the PLTW Biomedical Sciences courses. Students must have taken the PLTW course(s) in high school, have an A or B in the class, and have a stanine score of 6 or higher on the end-of-course exam. If grades are assigned by semester rather than by course, the two semester grades will be averaged. Credit will be awarded for the first year biology electives in the S&T curriculum listed below. Each course is 3 credits. The fee is \$250/course.

Legal Name in Full _____				
Last	First	Middle		
Social Security Number: _____ - _____ - _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____ / ____ / ____		
Specify year and term in which you seek credit (check one) Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-US; Country: _____ <input type="checkbox"/> Visa Type, Number, Exp Date: _____		
Ethnic Origin (Optional): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> African American, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other _____				
Your home address : _____		E-mail _____		Phone # _____
Street address	City	County	State	Zip Code
High School Name: _____		City: _____		State: _____
Year of Anticipated Graduation from High School: _____				
Have you ever enrolled for credit courses through the Missouri University of Science and Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate your Missouri S&T Student ID _____				
Project Lead The Way Course / Missouri S&T Course			Course Grade	EOC Exam Grade
<b>Principles of the Biomedical Sciences (PBS) / Bio Sci 1943 Intro to Human Anatomy and Physiology I (A&amp;PI):</b>				
Semester(s)/Year taken: _____ Teacher's Name: _____				
Teacher's Email: _____ Teacher's Signature: _____				
<b>Human Body Systems (HBS) / Bio Sci 1953 Introduction to Human Anatomy and Physiology II (A&amp;PII):</b>				
Semester(s)/Year taken: _____ Teacher's Name: _____				
Teacher's Email: _____ Teacher's Signature: _____				
<b>Medical Interventions (MI) / Bio Sci 1993 Introduction to Biomedical Problems (BP):</b>				
Semester(s)/Year taken: _____ Teacher's Name: _____				
Teacher's Email: _____ Teacher's Signature: _____				
<b>Biomedical Innovation (BI) / Bio Sci 1983 Introduction to Biological Design and Innovation (BI):</b>				NA
Semester(s)/Year taken: _____ Teacher's Name: _____				
Teacher's Email: _____ Teacher's Signature: _____				
\$250 x _____ courses = \$ _____ Total Paid via: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (Type: MasterCard/Discover)				
Credit Card Number: _____				
<b>Please Make Checks Payable to Missouri S&amp;T</b>				
Expiration Date: ____ / ____ Security Code # : _____				
Applicant's signature _____			Date of Application: _____	
<input type="checkbox"/> Please send me additional information about Missouri S&T, Missouri's Premier Technological Research University				

An Equal Opportunity Institution

**Return Completed Form to:**  
(Please give this to your high school counselor to send with an official high school transcript **which includes both graded semesters of your PLTW course.**)

**Missouri S&T Registrar's Office**  
**103 Parker Hall, 300 West 13th Street**  
**Rolla, MO 65409-0930**

For Office Use Only.	/ _____ / _____ / _____ / _____
----------------------	---------------------------------